

OIL AND GAS CONSERVATION COMMISSION

DEPARTMENT OF NATURAL RESOURCES

OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.



SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|--|--|---|-----------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. 75/8271-S | |
| 2. NAME OF OPERATOR Frank H. Walsh | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 30, Sterling, CO 80751 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NW SEC 36-9N-69W At proposed prod. zone | | 8. FARM OR LEASE NAME State of Colorado | |
| 14. PERMIT NO. 80-1456 | | 9. WELL NO. R-1 | |
| 15. ELEVATIONS (Show whether DP, ST, GR, etc.) 5286' KB | | 10. FIELD AND POOL, OR WILDCAT Douglas Lake | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36-9N-69W | |
| | | 12. COUNTY Larimer | 13. STATE CO |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

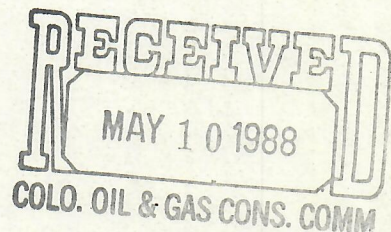
ABANDONMENT ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work _____

Temporarily Shut-In.



18. I hereby certify that the foregoing is true and correct

| | | |
|--|-------------------------------|--------------------|
| SIGNED <u>Judy Vandaguff</u> | Representative of Operator | DATE <u>5-9-88</u> |
| (This space for Federal or State office use) | | |

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS

| |
|---------------------------|
| FOR OFFICE USE ONLY |
| ET |
| RE |
| UC |
| SP |